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The official member magazine of the **American Academy of Otolaryngology-Head and Neck Surgery**

NOVEMBER 2021

Mentors and Mentees:

Beyond U.S. Borders — Our
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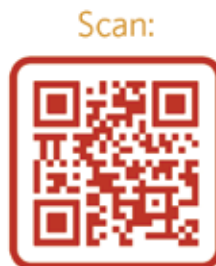
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bulletin features

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HOW MUCH ASSURANCE

do you have in your malpractice insurance?



With yet another major medical liability insurer selling out to Wall Street, there's an important question to ask. Do you want an insurer with an A rating from AM Best and Fitch Ratings, over \$6.2 billion in assets, and a financial award program that's paid \$120 million in awards to retiring members? Or do you want an insurer that's focused on paying its investors?

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BOM/PPSG: Practice Management Solutions

"I hope you never fear those mountains in the distance
Never settle for the path of least resistance
Livin' might mean takin' chances, but they're worth takin' ...
I hope you dance."

-Lee Ann Womack

One are the simple three "A" days of availability, affability, and ability where physicians provided quality care for their patients and received reasonable reimbursement. The new era of medicine expects not only excellent care, but understanding and implementation of the complicated business side of medicine.

Practice management impacts ALL otolaryngologists regardless of setting. Measures including RVUs, quality measures, and consumer rating systems as well as systems concerns including cybersecurity protection, escalating payer and governmental mandates, and enormous human resource needs with emphasis on workforce and recruitment concerns, must be mastered for a practice to survive.

These business aspects are so critical that the 2021 AAO-HNS/F Strategic Plan includes a category titled Business of Medicine (BOM), which will provide academic, hybrid, and private practitioners alike the education and support to help practitioners attain efficiency and success.

The goals of the BOM are: [1] To advocate for appropriate reimbursement and diminished administrative burdens, [2] To promote awareness of existing practice management resources through collaboration with administrator colleagues, [3] To develop an active forum for collaboration on practice management support, and [4] To develop strategic models for incorporating advanced practice providers (APPs) into team-based otolaryngology care.

Our Advocacy team continually surveys the payer and governmental challenges thrust into our daily lives and pursues appropriate legislative support. If local concerns arise, please reach out to our Board of Governors Regional Representatives so that national commonalities can be identified and addressed. Collaboration with our Administrative Support Community for ENT (ASCENT) has been steadily increasing with continued participation at our Board of Directors (BOD) meetings.

Private practices, as small business entities, face these mounting challenges on a daily basis and can offer unique and innovative strategies to overcome our obstacles. The BOD has recognized a need to create a forum where private practitioners—some who have felt quite isolated and disenfranchised—can gather,

collaborate, and generate solutions to our business concerns. Thus, the new Private Practice Study Group (PPSG) was created and spearheaded by BOD At-large Directors **Eugene G. Brown III, MD**, and **William R. Blythe, MD**. From the outset, there has been tremendous interest and an outpouring of enthusiasm to contribute to this important group. Capturing the experiences and knowledge of this cohort—which still represents 60% of our Academy membership—will be important for the BOM project to succeed and create understanding and remedies that will aid practitioners throughout our specialty.

The PPCSG has its own ENT Connect Community and will work closely with the Academy's 3P Workgroup and Advocacy team. It is already bringing out contributions from otolaryngologists across the nation who have not previously contributed through our current AAO-HNS channels. The goal is to create a group where private practitioners value the offerings and feel valued for their insights about a wide range of concerns, including billing and coding, marketing, recruitment, and insurer strategies. This important part of our community will have a voice to share their experiences and knowledge. For those interested in leadership development, a new stream of opportunities will be created. With success, this group should grow into an Academy section.

It is critical that we mentor our trainees—medical students, residents, and young physicians—about the joys, opportunities, and challenges of a private practice career. The resident exposure to private practice is variable around the country, with some programs not offering a private practice experience. For some medical students, no otolaryngology experience at all is available at their home institutions. Trainees should understand their full range of practice opportunity options before making their career choices. Recruitment options for private practices can be augmented.

During the PPCSG's inaugural meeting, great foundational concepts were discussed. Congratulations to the newly elected Chair of the PPCSG, **Marc G. Dubin, MD**, and the Vice-Chair, **Mary T. Mitskavich, MD**!

I am excited to support this new venture. Novel ideas, visions, and strategies to the common business challenges facing otolaryngologists around the country will provide the groundwork for new resolutions and platforms in our common quest to run successful practices even in these turbulent times. Let's rise together to increase our business acumen. As Lee Ann Womack advocates, "And when you get the choice to sit it out or dance. I hope you dance." ■



Ken Yanagisawa, MD
AAO-HNS/F President

“
Novel ideas, visions, and strategies to the common business challenges facing otolaryngologists around the country will provide the groundwork for new resolutions and platforms in our common quest to run successful practices even in these turbulent times.
”



OTO Journal

**CALL FOR
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Otolaryngology-Head and Neck Surgery is Seeking Papers Relevant to
DIVERSITY, EQUITY, AND INCLUSION IN OTOLARYNGOLOGY-HEAD AND NECK SURGERY
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Relevant topics for consideration include:

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- Diversity, Equity, and Inclusion in Medical Education
- Health Disparities in Vulnerable Populations
- Development of a Diverse Workforce in Otolaryngology-Head and Neck Surgery
- Health Policy and Inequality
- Promoting and Facilitating Diversity in Leadership
- Structural Racism and Inequity
- Economic Drivers of Healthcare and Their Implications
- Ethical Implications of Inequity in Health and Society

Submit papers for the themed issue at

www.editorialmanager.com/otohns

If you have any questions, please contact the Editorial Office at
otomanager@entnet.org.

Planning for the Future of Meetings in Significant Ways

I write this column after returning from our in-person 125th Anniversary Annual Meeting & OTO Experience held in Los Angeles, California, October 3-6. Who knew that the fluctuating, heterogeneous conditions related to the COVID-19 pandemic domestically and globally would still come in to play almost two years after the realization of its presence and disruptive societal forces it would spawn. Planning and carrying out this meeting proved to be the most challenging and complex of any meeting I have been involved with as an attendee, planner, or presenter. The journey that led to the successful execution of our 125th Anniversary Annual Meeting elicited intense emotional response covering the gamut of possibilities.

The relief of being able to safely hold our 125th Anniversary meeting, which stemmed from the decision we made to replace Chicago, Illinois, with Los Angeles. This ultimately allowed us to hold this meeting in person, which would not have been possible in Chicago and was followed by the satisfaction and joy of seeing the attendees' response to the exceptional program. Despite the frustration caused by the fluid situation with the COVID-19 pandemic, which resulted in travel restrictions both within the United States and the world, the Annual Meeting Program Committee (AMPC) and our staff, led by **Daniel C. Chelius, Jr., MD**, should be proud of both the in-person and virtual program they presented. I wish they could have all attended and seen the smiles, excitement, and energy displayed by the attendees who came to Los Angeles. There was also an element of sadness for those who expended a great deal of energy and time putting together their presentations, particularly our international guests, and then were ultimately not able to attend and enjoy the camaraderie, fellowship, and renewal of existing friendships that took place on-site.

The following week I participated as an Examiner at the American Board of Otolaryngology - Head and Neck Surgery (ABOHNS) oral Board Certification examinations using a completely virtual format. Conversations with **Brian Nussenbaum, MD**, ABOHNS Executive Director, confirmed that both organizations were facing similar situations about incorporating virtual technology into previously in-person events. The same question is being posed across all aspects of the meetings industry, not just across the breadth of medical associations where the

revenue generated is a significant component of the operating budget.

The currently available technology that allows meaningful virtual participation during live in-person education, governance, and standard committee meetings is extremely expensive and not practical for small regularly scheduled meetings. Unfortunately, attendee preferences with or without COVID-19 considerations, vary widely depending on their stakeholder group. The evolution of these meetings will be one of the most critical decisions for most organizations over the next three to five years. Creating a balance between convenience, effectiveness, and value, particularly in volunteer-based nonprofit entities such as the AAO-HNS, that is inclusive to the appropriate stakeholders will be one of the most important factors in the perceived utility of the organization and a primary determinant in the ability to represent the interests and needs of its constituency.

The Task Force on the Future of Meetings held its first meeting prior to our recent 125th Anniversary Annual Meeting in Los Angeles and its second meeting the following week. It was very informative to hear the difference in the tone of the Task Force's discussion after the meeting. The vast majority of the members of the Task Force attended the meeting in-person. We held the first in-person Board of Directors meeting since our Annual Meeting in New Orleans, Louisiana, in September 2019, and even though the previous five meetings that were held virtually successfully accomplished the business at hand, there was a palpable energy in the room and noticeable increased discussion and interaction that is vital to maintaining and growing the culture of leadership and service so prominent in our organization over our past 125 years.

As we evaluate the entire portfolio of meetings that we convene each year, it will be critical to identify "why we are having the meeting," "what is the goal of the meeting," and "who are the attendees at the meeting." Only then can we achieve the balance we seek and match the format being used to achieving the goal of the meeting most completely with the resources available. Since we are likely to be dealing with some level of COVID-19 infection well into the future, we will need to maintain flexibility and practice patience as we find the best way to maintain the significant benefit of the meetings while considering stakeholder concerns and value. ■



James C. Denny III, MD
AAO-HNS/F EVP/CEO

“Creating a balance between convenience, effectiveness, and value, particularly in volunteer-based nonprofit entities such as the AAO-HNS, that is inclusive to the appropriate stakeholders will be one of the most important factors in the perceived utility of the organization and a primary determinant in the ability to represent the interests and needs of its constituency.

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■ at the forefront

■ milestone moments

1911: Five members were appointed to represent the Academy at the International Otologic Congress.

1939: William P. Wherry, MD, arranged a luncheon for representatives of local and national societies. The group became the International Association of Secretaries of Ophthalmological and Otolaryngological Societies.

1943: The first meeting of the Pan-American Congress of Oto-Rhino-Laryngology and Broncho-Esophagology was convened in Chicago, Illinois, with support from the Academy.

1980: Mexico served as the inaugural International Guest of Honor.

1996: AAO-HNSF created the International Affairs Program, with Eugene N. Myers, MD, FRCS Edin (Hon), serving as the first Coordinator of International Affairs.

1997: The Spanish Society of Otolaryngology-Head and Neck Surgery was the first member of the AAO-HNSF International Corresponding Societies.

2001: AAO-HNSF Joint Meetings were held for the first time separate from the Annual Meeting with the Turkish Otorhinolaryngology-Head and Neck Surgery.

2008: The AAO-HNSF International Visiting Scholarships program was launched.

2013: The inaugural International Women's Caucus was held at the Annual Meeting.

2016: The International Advisory Board officially launched with Johannes J. Fagan, MBChB, FCS(SA), serving as inaugural Chair, and the first International Symposium was held during the Annual Meeting.

2022: The AAO-HNSF is hosting the 37th Pan American Congress of Otolaryngology and Head and Neck Surgery, June 25-27, 2022, in Orlando, Florida. ■



November 18 Is the Great American Smokeout

The AAO-HNS has been a longtime member of the Tobacco Control Partners Coalition and ardent supporter of the Campaign for Tobacco-Free Kids. We stand with these organizations in support of this bold action that will help protect children from tobacco addiction, advance health equity, and save lives.



Patient Resources

Vaping Is Not a Safe Alternative to Smoking
https://www.enthealth.org/be_ent_smart/vaping-is-not-a-safe-alternative-to-smoking/

Secondhand Smoke and Children

https://www.enthealth.org/be_ent_smart/secondhand-smoke-and-children/

And more at www.ENThealth.org. ■



Education Opportunities in Facial Plastics and Reconstructive Surgery

The Facial Plastic and Reconstructive Surgery unit in OTO Source offers an array of topics from Botox to psychological evaluation of facial plastic and reconstructive surgery candidates. Investigate the free online content at www.otosource.org. ■



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

Call for 2022 AAO-HNS Election Nominees

The AAO-HNS Nominating Committee is calling for recommendations of individuals to be considered for an elected office. Academy members must be in good standing, and it is recommended that they have held membership the last three consecutive years, have proven leadership qualities, be active in the Academy, be familiar with the strategic direction of the Academy, and be able to dedicate the necessary time to serve. Please contact any member of the Nominating Committee requesting he/she support your nomination for elected office and submit your application packet to Lisa Holman, committee staff liaison, at election@entnet.org. For more information and the application packet, visit Get Involved and select Annual Election. The application deadline is midnight (ET) December 6. No extension will be permitted. ■

HUMANITARIAN TRAVEL GRANT

Collaborative Medical Mission in Tanzania

By 2030, 70% of new cancer diagnoses are projected to occur in low- and middle-income countries. Head and neck cancer care is a part of this global challenge. During residency research block, **Mary Jue Xu, MD**, sought to better understand the challenges of head and neck cancer care in resource-constrained health systems.

In the spring of 2020, she spent six weeks in Dar es Salaam, Tanzania, at Muhimbili National Hospital (MNH) and its partner Ocean Road Cancer Institute, the main tertiary oncology referral centers.

Working with Aslam Nkya, MD, one of only a handful of head and neck oncologic surgeons in Tanzania, they piloted study tools and sorted through recruitment logistics. Their collaboration was under the guidance of the Muhimbili University of Health and Allied Sciences (MUHAS)-Ocean Road Cancer Institute-University of California, San Francisco, Global Cancer Program, which implements

multiple research projects and capacity-building efforts with five full-time research staff based in Tanzania. She also met trainees and faculty who she continues to collaborate with in the Global Otolaryngology-Head and Neck Surgery Initiative, a growing group of international providers seeking to improve head and neck cancer care through a public health approach on research.

"I am deeply appreciative of the American Academy of Otolaryngology-Head and Neck Surgery Foundation's Humanitarian Travel Grant for its support of this collaborative research effort. This funding has been critical as I work to develop a career in head and neck oncologic surgery and global health. I am further grateful to have the opportunity to learn from Dr. Nkya, our collaborators, many mentors, and the MNH/MUHAS Otorhinolaryngology Department," said Dr. Xu. ■

FDA Releases Long-Awaited Over-the-Counter (OTC) Hearing Aids Regulation

On October 19, the Food and Drug Administration (FDA) released its highly anticipated proposed regulations on over-the-counter (OTC) hearing aids. The rule, which implements the Over-the-Counter (OTC) Hearing Aid Act included as part of the FDA Reauthorization Act of 2017, creates a regulatory pathway for a new category of air conduction hearing aids for adults age 18 and older with perceived mild-to-moderate hearing loss. Following enactment of the final rule, air conduction hearing aids will be available for OTC purchase without a medical exam or fitting. Hearing aids for children under age 18 and adults with higher levels of hearing loss will still require a prescription.

The AAO-HNS has long supported establishing a category of "basic" hearing aids available OTC for adults/seniors with bilateral, gradual onset, mild-to-moderate age-related hearing loss. While Academy leadership and staff are currently performing a thorough analysis of the rule's contents, an initial cursory review demonstrates a commitment by the FDA to include Academy-supported patient protections in the regulation. The AAO-HNS will develop an in-depth summary of the proposed regulations in the coming weeks. Comprehensive comments will be submitted to the agency prior to the close of the 90-day public comment period. Read the proposed regulations at <https://www.govinfo.gov/content/pkg/FR-2021-10-20/pdf/2021-22473.pdf>. ■



Muhimbili University of Health and Allied Sciences senior resident in the operating room performing a functional endoscopic sinus surgery.

➔ READ MORE ONLINE
Longer article available

Committee Experiences Offer Engagement with the Academy and Peers



"I want to thank you for your time, your energy, your ability to lean in and raise your hand. Committee work is the lifeblood of this organization. It is your chance to meet people, share ideas, and develop research projects for the future."

- **Kathleen L. Yaremchuk, MD, MSA**, AAO-HNS/F President-elect



"I have been involved in the Academy committees since early on in residency. It is a great way to get to know leaders in the field outside your program. I have also been involved in several projects that were a direct result of committee interactions. These continue to provide opportunities to publish and present nationally."

- **Hayley L. Born, MD**, Section for Residents and Fellows-in-Training Member-at-Large; Women in Otolaryngology Section Research and Survey Committee member; and Airway and Swallowing Committee member



"I serve on Academy committees in order to provide expertise and national service within our specialty to advance scientific and evidence-based standards and quality of care. Not only is it a great way to be involved in change, scientific advancement, and leadership, but it is an outstanding way to meet and interact with peers and colleagues across the country. Through such service I can provide a diverse voice for areas of under representation—whether that be for gender, ethnicity, military/government service, the promotion of equality, or improving the state of the science and quality of care within the breath of our specialty."

- **Lakeisha R. Henry, MD**, Diversity and Inclusion Committee member and WIO Leadership Development and Mentorship Committee member

Apply for the 2022-2023 AAO-HNS/F Committee Cycle by January 3, 2022. See below for more information.



AAO-HNS/F COMMITTEES

APPLY FOR A COMMITTEE TODAY!

Three Reasons to Submit Your Application:

1. Connect with Other Academy Members
2. Share Your Input on Special Areas of Interest
3. Give Back and Make a Difference for Your Specialty

Apply Today: www.entnet.org/committees | **Deadline:** January 3, 2022

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- Connections to thousands of colleagues through ENTConnect, the exclusive online member-only forum
- Member-only registration discount for the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania
- Access to OTO Logic—your otolaryngology learning network with 1,300+ courses covering the spectrum of the specialty and the opportunity to earn CME
- Member-only discount on our flagship education product, FLEX—Focused Lifelong Education Xperience, which spans across all eight specialty areas
- Your profile listed on “Find an ENT” on ENTHealth.org, the Foundation’s interactive patient information website (*practicing physicians only*)
- Eligibility to apply for over \$50,000 in travel, diversity, humanitarian, and other grants
- Leadership and networking opportunities through AAO-HNS Committees and Sections
- And more!



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Spotlight: Humanitarian Efforts

David A. Shaye, MD, and Victor Nyabyenda, MD

David A. Shaye, MD, practices as a facial plastic and reconstructive surgeon at The University Teaching Hospital of Kigali in Rwanda, Africa, and at Massachusetts Eye & Ear, Harvard Medical School in Boston, Massachusetts. Since 2014, he has split his time between the two locations, spending approximately four months per year in Africa where he sees patients clinically, operates, and teaches.

Over the past seven years, Dr. Shaye has had the opportunity to form a close working relationship with **Victor Nyabyenda, MD**. After graduating from Rwanda's newly formed otolaryngology residency program in 2016, Dr. Nyabyenda was hired on as clinical faculty at the nation's largest referral hospital. He has a special interest in sinonasal masses, which for patients in Rwanda tend to present with late and at advanced stages, making treatment challenging.

During these seven years, Dr. Shaye and Dr. Nyabyenda have collaborated clinically and on research. Jointly, they have worked to expand the breadth of surgical approaches to the craniofacial region performed in Rwanda. This has permitted the resection of many sinonasal tumors previously left untreated. Dr. Nyabyenda was awarded the AAO-HNSF's International Visiting Scholarship, helping to support further education activities. His graduation thesis work, titled "Cross-sectional Study of Sinonasal Masses Presenting to Rwandan Referral Hospitals," was presented at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana.

Patients in Rwanda often neglect their diseases because of poverty and the challenges associated with access to care. With the COVID-19 pandemic, further restrictions on travel created hardships for patients accessing care. Despite the global pandemic, Dr. Nyabyenda and Dr. Shaye worked together in Rwanda for four months this year.

As teaching faculty at the central referral hospital, Dr. Nyabyenda and Dr. Shaye are dedicated to resident education, research, and clinical activities. Their roles are critical in educating Rwanda's next generation of otolaryngologists. ■



Victor Nyabyenda, MD, (left) and **David A. Shaye, MD**, (right) at The University Teaching Hospital of Kigali in Rwanda, Africa.



David A. Shaye, MD, (left) and **Victor Nyabyenda, MD**, (right) jointly excise a maxillary tumor present for 12 years in a 53-year-old Rwandan man. The open approach permitted the exposure necessary to completely excise the tumor, and reconstruction was performed with a temporalis muscle flap.



The Path to Heroism in Healthcare

Yi-Chun Carol Liu, MD,
YPS Chair



Have you ever felt like a hero? I have. When I recited the Hippocratic Oath at my white coat ceremony, I could barely contain my eagerness to embark on my medical career and to have the opportunity to help others.

So much has happened and changed since that day, but I and other physicians can still feel like heroes. As we head into a new academic year and I have assumed the Chair of the Young Physicians Section (YPS), I look forward to working with young physicians by identifying opportunities to enhance our career development.

The COVID-19 pandemic has been an unprecedented health crisis faced by physicians. The disease has rapidly altered our interactions with patients, family, and each other. Medicine at its core depends on a great physician-patient relationship and rapport. The required personal protective equipment has created not only physical barriers, but also barriers to personal connections.

The stress of the pandemic has reportedly led to more physician burnout and moral injury. Wendy Dean, MD, president and co-founder of Moral Injury of Healthcare, a nonprofit organization addressing the crisis of clinician distress, differentiates burnout from moral injury by defining moral injury as a phenomenon that “occurs when physicians are repeatedly expected to make choices that transgress their commitment to healing in the course of providing care.”

Moral injury occurs because physicians are frustrated and cannot provide the care for which they trained due to factors outside their control. So how should we deal with moral

As we head into a new academic year, the YPS will continue to work with young physicians and the Academy to help all of us rekindle our initial love of medicine and patient care.

injury? To remedy moral injury requires more than personal commitment from individual physicians; it requires leaders who are willing to confront the increasingly business-oriented and profit-driven healthcare environment to minimize competing demands.

As we head into a new academic year, the YPS will continue to work with young physicians and the Academy to help all of us rekindle our initial love of medicine and patient care.

The YPS Programming Task Force is working on exciting and informative proposals for the AAO-HNS/F 2022 Leadership Forum & BOG Spring Meeting and the AAO-HNSF 2022 Annual Meeting & OTO Experience. The virtual 2020 YPS General Assembly was honored to have Jennifer M. Heemstra, PhD, associate professor at Emory University, give an outstanding presentation, titled “FAIL is Not a Four-Letter Word: Why Success is More Likely When You’re Willing to Fail,” followed by a lively one-hour discussion.

For the 2021 YPS General Assembly program, **Maie St. John, MD, PhD**, professor and Samuel and Della Pearlman Chair in the Department of Head and Neck Surgery at the David Geffen School of Medicine at UCLA, co-director of the UCLA Head and Neck Cancer Program, and director of the UCLA Head and Neck Cancer Novel Therapeutics Program, presented her talk,

“Leadership: Many Roads, Common Vision.”

YPS will continue to encourage submissions covering a broad range of discussions and will continue to work closely with members to incorporate topics regarding the future of otolaryngology, healthcare, and public health policy into the Annual Meeting and Spring Leadership Forum.

Our Communications Task Force will continue to engage members on Facebook and ENTConnect to facilitate a community to share important announcements and up-to-date information. Four new YPS leadership podcasts have been developed that feature interviews with well-known department chairs sharing their philosophies and leadership styles; in other podcasts, prominent ENT leaders will present and discuss topics of importance to young physicians and their career development.

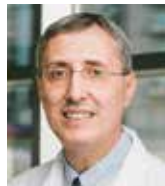
As we continue to serve our community, I look forward to increasing opportunities to combat moral injury. As we reemerge from the pandemic, the YPS hopes to reengage with our at-large otolaryngology community. I am confident that under the Academy leadership and the continued support and willingness of the young physicians, we will have a great year ahead. After all, that is what “heroes” do.

For more information, visit the YPS web page at <https://www.entnet.org/get-involved/sections/young-physicians-section/>. ■



A Vision for the IAB: Reaching Young Otolaryngologists Around the World

Prof. Muaaz Tarabichi, MD
Chair, International Advisory Board Chair



During the last 25 years of touring the globe, teaching, and advocating endoscopic ear surgery, I had the opportunity to see much of the world and meet some outstanding colleagues on every continent. I have to say that this experience really changed my view of the world and made me understand how similar we are as human beings and as otolaryngologists. I was particularly impressed with the upcoming generation of otolaryngologist and their commitment to improving their skills. It seemed not to matter where you travelled in the world—it was just as evident in resource-limited communities as it was in the most advanced societies.

This observation was a shared one with my lifelong friend **Heinz Stammberger, MD, FRCS Ed(Hon)**, who I often met on these courses. We also observed that once you got young people together, they forgot about their differences. The shared learning mission becomes a basis for friendship and mutual cultural understanding. These experiences have shaped my view of the world and reformulated my life objective around finding ways to help the younger otolaryngologists, especially in resource-limited countries. It was also the founding principle of TSESI: Tarabichi Stammberger Ear and Sinus Institute. As I start my term as the Chair of the AAO-HNSF International Advisory Board (IAB), I plan to focus more on bringing quality education resources to young otolaryngologist-head and neck surgeons around the globe.

The American otolaryngology community and its Academy are well positioned to foster and lead a global effort to reach out to the international community and help improve standards of care and education. The U.S. is a country of immigrants, and many American otolaryngologists have roots in other countries that are essential parts of who they are. The Academy membership is a huge pool of talented scientist-surgeons who can and should be accessible to the worldwide community. Technology further enhances our ability to communicate across continents, languages, and cultures without needing to be physically connected.

The IAB is the mechanism devised by the Academy to engage the international community. It also gives a voice for the international membership of the Academy. I plan to find ways to leverage the incredible education offerings of the Academy and expand their reach to a wider international audience to help advance patient care around the globe. Technology will allow us to reach out more easily and conveniently to practicing otolaryngologist everywhere. I also plan to build on the Academy's Global Grand Rounds project.

I believe that the Academy's Annual Meeting remains the main physical event on the calendar of every otolaryngologist around the world. The intensity and the scope of that event can not be reproduced anywhere. International participation, both in terms of audience and faculty, should be encouraged by making the international attendees feel part of the meeting not just guests of the Academy.

The COVID-19 pandemic has shown us that we live on a small planet and that we are all in this together. I was proud of

how otolaryngologists immediately started communicating our experiences with most of us recognizing symptoms like loss of smell very early on through WhatsApp groups and Facebook pages. We also got early warning about how some of the surgeries that we do can turn into a super spreader event much earlier than other specialties. I think the IAB can formalize this communication by providing open forums on social networks.

For more information about the work of the IAB, visit the AAO-HNSF International Programs web page at <https://www.entnet.org/get-involved/international-programs/>. ■



As I start my term as the Chair of the AAO-HNSF International Advisory Board (IAB), I plan to focus more on bringing quality education resources to young otolaryngologist-head and neck surgeons around the globe.



Vision for the Future: Expanding the Reach of the AAO-HNSF International Program

Mark E. Zafereo, Jr., MD
AAO-HNSF Coordinator for
International Affairs



It is a distinct honor to serve as the sixth International Coordinator

for the American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF). The international roots of the AAO-HNSF are deep, with previous International Coordinators **Eugene N. Myers, MD, FRCS(Hon)** (1996-2002); **K.J. Lee, MD** (2003-2009); **Gregory W. Randolph, MD** (2009-2013); **James E. Saunders, MD** (2013-2017); and **J. Pablo Stoolovitzky, MD** (2017-2021) (amongst many other leaders within the organization) building a strong collaboration amongst global otolaryngology-head and neck surgery organizations. Let me take a moment to introduce myself. My wife Veronica, originally from Ecuador, and I have two children. I am a professor of Head and Neck Surgery at MD Anderson Cancer Center in Houston, Texas, and over the last 15 years I have had the privilege of serving on many AAO-HNSF Committees and Task Forces, including the International Steering Committee and the Humanitarian Efforts Committee.

The last several years have clearly brought many challenges and opportunities. Prior to the pandemic, there were a record number of international attendees to the in-person AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, Louisiana, and a record number of joint meetings with international OTO-HNS collaborating organizations through the International Corresponding Societies. Now with the new normal of endemic COVID-19, the AAO-HNSF has rapidly shifted focus, continuing to

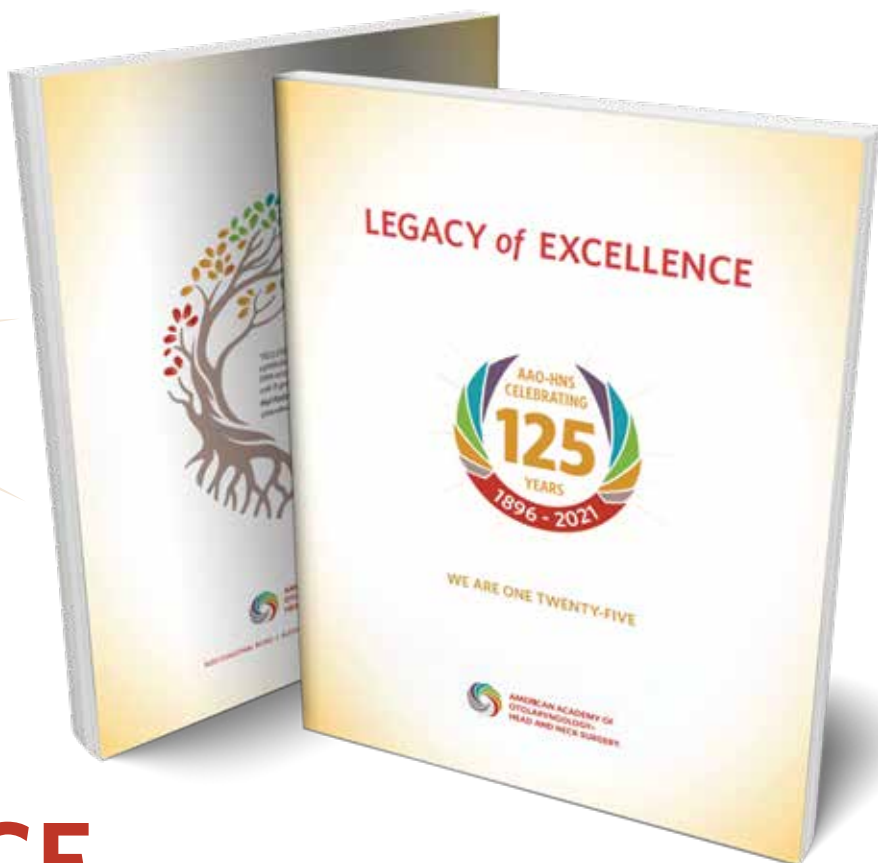
rethink how Annual Meetings and on-demand education platforms can best serve both domestic and international members. The International Advisory Board (IAB) and International Steering Committee have also adapted to enhancing services to our members throughout the pandemic. We launched the Global Grand Rounds that have enabled more than 4,000 international physicians access to cutting-edge topics including endoscopic sinus surgery, sleep medicine, and endoscopic ear surgery. The final session for the 2021 Global Grand Rounds Series, which will be held on November 20, 2021, features international experts on surgical innovation in thyroid surgery, and we look forward to announcing the 2022 Global Grand Rounds Series in the near future. I encourage you to go to <https://www.entnet.org/get-involved/international-programs/global-grand-rounds/> to register.

Looking forward, my goal is to build on the successful work of my predecessors and expand the Academy's education opportunities, especially among international young physicians. Access to high quality on-demand and live education programs, mentorships, and resources to physicians in all areas will be top priorities. In the next year, the Academy will:

- Host the 2022 XXXVII Pan American Congress of Otolaryngology-Head and Neck Surgery, June 25-27 in Orlando, Florida. Working closely with Congress President Dr. Stoolovitzky, we will bring the Pan American Congress to the United States for the first time in over 20 years. The meeting will feature an outstanding education program, along with robust social and networking opportunities befitting a Pan American Congress.

- Continue to develop and hold quarterly live Global Grand Rounds to improve care of patients and physician education around the globe. Each session includes world thought leaders and expert panel presentations on important topics covering the specialty.
- Work closely with AAO-HNSF Annual Meeting Program Coordinator Daniel C. Chelius, Jr., MD, on a robust international symposium program welcoming international attendees to the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania.
- Support our 75 International Corresponding Societies with their goals and collaborate on joint meetings around the globe.

I left Los Angeles several weeks ago after the AAO-HNSF 2021 Annual Meeting with tremendous excitement for the future of the AAO-HNSF global program. Thanks to the incredible effort of the AAO-HNSF team under the leadership of James C. Denny III, MD, and Annual Meeting Program Coordinator, Dr. Chelius, the meeting was a resounding success. Of the over 2,000 practicing physicians attending in-person, more than 300 traveled from outside the U.S. to attend. I spoke with many of those attendees at the Global Otolaryngology 2021: Your Academy Around the World Symposium, Humanitarian Efforts Forum, and elsewhere. The resiliency of our international colleagues and their commitment to our specialty suggest a bright future for the AAO-HNSF International Program, and we look forward to 2022 and beyond as the best yet to come. ■



LEGACY of EXCELLENCE

The *Legacy of Excellence*, which documents the most recent 25 years of the Academy's history, made its debut at the AAO-HNSF 2021 Annual Meeting & OTO Experience, October 3-6 in Los Angeles, California.



Want your own copy or purchase one as a gift for your colleagues, mentors, mentees, team, or others?

Look for more details in *OTO News* and future issues of the *Bulletin* about how you can obtain your own printed copy, or send a query to bulletin@entnet.org to receive an email notification once the books become available.

Legacy of Excellence, the sequel to *Century of Excellence*, documents the Academy's contributions to otolaryngology-head and neck surgery and medicine over the past 25 years.

This nearly 300-page publication includes:

- Milestone Moments that document the AAO-HNS/F 125-year history in a pictorial timeline.
- Five chapters that break down the past 25 years and key accomplishments through leadership and member involvement in education, research and quality, communications and publications, advocacy and health policy, patient outreach and education, technological advancements, and so much more.
- Profiles of the Executive Vice Presidents and CEOs and Past Presidents from 1997 – 2021.
- A commentary on the next 125 years in otolaryngology-head and neck surgery.
- Photo pages that bring the history to life with the people who compose the Academy.
- An appendix documenting 125 years in leadership and dates and locations of the Annual Meetings, and more.

Sincere appreciation to Stryker, GSK, and Medtronic for their corporate partnerships and sponsorships commemorating the AAO-HNS/F 125th anniversary, including the publication of this book. Thank you for helping the AAO-HNS/F honor and share our rich 125-year history with the global otolaryngology-head and neck surgery community.



Scan to view the
digital flipbook!



A digital flipbook version of *Legacy of Excellence* is available at
<https://bulletin-books.ascendmedia.com/aaohns-legacy-of-excellence-2021/index.html>.

pearls from your peers: Building Multispecialty Collaborations



INTERVIEWEE

Abie Mendelsohn, MD

*Associate Professor, Department of Head and Neck Surgery,
David Geffen School of Medicine at UCLA
Director, Head and Neck Robotic Surgery Program*

INTERVIEWER

Paul C. Bryson, MD, MBA

*Director, Cleveland Clinic Voice Center
Head, Section of Laryngology
Associate Professor of Otolaryngology –
Head and Neck Surgery
Surgical QIO - Enterprise ASCs, Surgical
Operations Head and Neck Institute
Chair, Laryngology & Bronchoesophagology
Education Committee*

Abie Mendelsohn, MD, is the director of the UCLA Head and Neck Robotic Surgery Program and associate professor in the Department of Head and Neck Surgery, David Geffen School of Medicine at UCLA. After completing otolaryngology residency, he completed both a laryngology fellowship at UCLA and an advanced transoral robotic surgery (TORS) and transoral laser microsurgery (TLM) fellowship at the Université Catholique de Louvain, in Belgium. He has been a faculty member at UCLA since 2012.

Although Dr. Mendelsohn's primary focus has been building and developing a robust TORS and TLM program, he has been a key contributor over the past decade to a number of novel programs and surgical services, all of which have required the establishment of strong inter-specialty bonds and collaborative efforts. I had a chance to discuss this key aspect of program development, and the following is an excerpt from our conversation.

What do you think was critical to activating your program? What advice would you offer to colleagues starting something new at their organization?

Considering it on a superficial level, making a conscious effort to engage with providers outside of otolaryngology provides a smart growth strategy. Connecting with subspecialists does provide pathways to

patient volume and appreciation of your up-and-coming surgical service. But the truth of the matter is that our motivation should be centered well beyond good business practices. I have found working closely and collaboratively with experts outside of otolaryngology who have quite broad-ranging perspectives and expansive knowledge base offers a huge boost to the resources available for my patients.

Once the TORS and TLM program began, how would you describe your ongoing process for relationship development, programmatic continuous improvement, and academic contribution?

We've seen expanding volume of papers in the otolaryngology literature touting the improvement of patient care stemming from subspecialty conferences, such as tumor boards. However, when making the decision to engage in true multispecialty collaborations, we must think well beyond simple attendance at specialty conferences that take investment in time and effort. In my forays, I've seen lasting multispecialty collaborations achieved through three phases.

The first phase is to set scheduled times to be clinically present. This means not just being available answering phone calls and emails when needed but having reliable times when your new partners can know when to

expect you. For instance, when we were first building our hypoglossal nerve stimulator program, we set aside one afternoon every other week with shared office hours with the pulmonary sleep medicine team. In growing our transoral thyroidectomy (TOETVA) program, our multispecialty team established that all cases would be staffed together with our otolaryngologists alongside our endocrine surgeons. Having shared time where specialists are present physically in either encountering or treating of patients is critical in building trust and in the foundation of the collaboration.

The second phase I might call "hallway discussions." In addition to specific patient-based presentations and conversations, it's really important to find time to talk about the general direction and goals of the collaborative program. These opportunities also allow for a shared vision of the program. When we designed and implemented some of our advanced pain control strategies following TORS, with our inpatient acute pain team, I found that face-to-face conversations during operating room turnover time or during frozen section pathology time resulted in some of the most productive discussions. Making a concerted effort to engage in these conversations wherever and whenever they might be found will also ensure your program's success.

The third phase is the process of manuscript publication. This academic process, with or without arduous statistical data analysis, is a critical step not only to cement the partnership group in a true collaborative production but is also vital in order to critically review the program's early outcomes. This is true even if the work never gets published. Writing up your program's experience early on allows a critical retrospective evaluation of what you've accomplished together, a tough look at the limitations of the program to date, and a platform in which to continue growth and development. ■

What Is 3P?

3P seeks to obtain fair reimbursement for new procedures, advocates for proper reimbursement from private payers, and updates Position Statements.

The Physician Payment Policy (3P) Workgroup serves as an Academy advisory board covering a wide array of reimbursement issues that affect the specialty. The primary scope of work includes interfacing with payers, notably private insurers and Medicare, to address policy that is potentially detrimental and to advocate for fair reimbursement. 3P also advises Academy staff on relevant regulatory issues and plays a key role in the development of Academy Position Statements and surveys. Although the scope of policy issues covered by the Workgroup is vast, it is important to note that it generally does not address legislative issues at either the state or federal level.

Membership

3P membership includes a broad range of Academy physician leaders, including Current Procedural Terminology (CPT) and RVS Update Committee (RUC) advisors, alternates, and panelists, as well as experts on quality, private payer advocacy, and socioeconomic advocacy. Additionally, there is representation from the Board of Governors (BOG) and nonvoting representation from the Administrator Support Community for ENT (ASCENT). As federal and private payer priorities shift, 3P membership and roles are updated accordingly. Membership includes general otolaryngologists and subspecialists, as well as academic and private practitioners, to ensure a diversity of expertise and perspectives. Although it is not possible to represent every subspecialty concurrently, it is common for the Workgroup to consult relevant Academy committees to ensure proper analysis of clinical and policy issues as they arise.

Reimbursement Policy

A primary role of the 3P Workgroup involves obtaining fair reimbursement for new procedures. This is a multistep process that can result in the creation of new CPT

codes. However, it is important to note that reimbursement can also occur without a CPT code if devices receive an assigned Healthcare Common Procedure Coding System (HCPCS) code. Applications for new CPT codes usually reach 3P through one of two routes: Academy members either submit a New Technology Application, or industry representatives approach the Academy to present their proposals. In both cases, given sufficient and reasonable time for analysis and consideration, 3P and Academy leadership jointly review draft applications. Submission is considered for those proposals that fulfill the requirements of both the Academy and the American Medical Association. After new CPT codes are created, the Academy's RUC advisors work with 3P to determine Academy membership subgroups to be surveyed based on the corresponding procedure. Survey results are then used by the Academy's RUC advisors to aid in valuing new codes that are presented to the RUC and then the Centers for Medicare & Medicaid Services.

Private Payer Advocacy

Another critical element of the 3P charter is the Workgroup's efforts related to private payers. Private payer advocacy is not limited to new procedures and devices, but also addresses changes to existing coverage policies that members raise to Academy leadership and staff. Payer issues can stem from a wide array of underlying reasons, for example, the inappropriate application of a policy or the use of modifiers. Members of the 3P Workgroup review the policies in question. If they are found to be contrary to current evidentiary support, the Workgroup will further research the issue and develop arguments designed to revise the policy. When policies are updated, the 3P Workgroup advocates for the most current references, Position Statements, and other peer-reviewed documentation available on a specific procedure to serve as evidentiary support. 3P has a similar advisory role for federal regulations—most notably those

addressing the Medicare Physician Fee Schedule and Hospital Outpatient Payment System—that directly impact reimbursement for the specialty. Ultimately, 3P's leadership on payment advocacy issues is of great value to Academy members by promoting optimal clinical standards of care and fair reimbursement.

AAO-HNS Position Statements

The updating and approval processes of Academy Position Statements are another core activity of 3P. Generally, Position Statements are written to aid in fair reimbursement from private payers, and many private payers cite Academy Position Statements when policies are created or updated. In limited instances, Position Statements are written for other purposes, including when government agencies approach the Academy for statements on a particular device or procedure. Position Statements originate at the committee level for initial drafting and are subsequently reviewed by 3P. During the review process, 3P may send questions or proposed edits back to the committee of jurisdiction, and the cycle continues until consensus is reached. Position Statements that are approved by 3P are then reviewed by the Executive Committee for final approval. 3P also reviews surveys that have a policy component following an Academy approval process. Once 3P receives the surveys, they undergo a similar review process to Position Statements.

Although the above outlines the primary portfolio of the 3P Workgroup, it is not exhaustive, and there are often ad-hoc issues raised that fall under the Workgroup's scope of work. Academy leadership values 3P input on myriad policy issues and papers, including position papers from collaborating organizations and general coding resources for membership. Any questions or requests for additional information on the role of 3P can be sent directly to Health Policy Advocacy Staff at healthpolicy@entnet.org. ■



FORWARD TOGETHER

AAO-HNSF 2022

ANNUAL MEETING & OTO EXPERIENCE

SEPTEMBER 10-14



PHILADELPHIA, PA

**MAKE YOUR MARK AT THE ANNUAL MEETING BY
SUBMITTING YOUR #OTOMTG22 EDUCATION PROPOSAL**

CALL FOR SCIENCE

December 6, 2021 – January 24, 2022

Each year, the AAO-HNSF receives and reviews thousands of abstracts and proposals submitted by otolaryngologists and healthcare professionals. It is the goal to ensure education programs offered at the Annual Meeting are engaging, significant, relevant, and of high quality, leaving attendees feeling equipped with the knowledge, tools, and resources to advance patient care and implement real change within the otolaryngologist-head and neck surgery community.

AAO-HNSF encourages submissions that promote gender diversity and include members of underrepresented communities, as well as topics relevant to diversity, equity, inclusion, and cultural competence.

This timeframe is inclusive of all program formats:

- International Symposium
- Scientific Oral Presentations
- Master of Surgery Video Presentations
- Expert Lectures
- Scientific Posters
- Panel Presentations

www.entannualmeeting.org

The Specialty Is Reconnected at #OTOMTG21

The specialty reunited in early October for the AAO-HNSF Annual Meeting & OTO Experience held both live in Los Angeles, California, and virtually. After more than 18 months, around 2,000 professional in-person attendees had the chance to reconnect, honor the 125th anniversary, and attend groundbreaking education sessions.

During the evening of October 2, in the open-air venue of Xbox Plaza, on a beautiful California evening, **Carol R. Bradford, MD, MS**, now the AAO-HNS/F Immediate Past President, welcomed attendees during the Presidents' Reception of the Annual Meeting. The event represented the return to the in-person meeting, something sorely missed over the last 18+ months of the COVID-19 pandemic.

An Opening Ceremony: Live from LA

The following morning, the education programming kicked off with the Opening Ceremony—available both live for the in-person

attendees in Los Angeles and livestreamed for the virtual participants. Dr. Bradford extended a warm welcome to all attendees and noted the ongoing value of the specialty's work together.

"There continues to be high levels of collaboration within our specialty as evidenced by the combined Presidents' Reception honoring current and Past Presidents of the Academy and specialty societies, and the bi-annual Specialty Unity Summit that continues to work on issues common to the specialty. At the top of that list is the future of scientific meetings in the post-COVID Era. We really need each other, so we can all succeed."

James C. Denny III, MD, AAO-HNS/F Executive Vice President and CEO, made a special tribute to **Duane J. Taylor, MD**, Past President; Dr. Bradford; and **Ken Yanagisawa, MD**, now President, for their tireless efforts during these trying COVID-19 times for healthcare. "I would like to salute Dr. Duane Taylor and Dr. Carol Bradford for their exceptional leadership during the last two years and Dr. Ken Yanagisawa who will be taking over as our third COVID President."

Dr. Bradford expressed heartfelt remarks about her Presidential Citation awardees, **Gregory T. Wolf, MD**, Dr. Denny, and David Bradford. This was followed by the ceremonial presentation of the President's medallion to Dr. Yanagisawa and the Past President's gavel and pin to Dr. Bradford.

The Opening Ceremony wrapped up with an interactive keynote presentation from Neha Sangwan, MD, titled "Self-Care in Healthcare," in which she outlined practical and powerful tools to prevent burnout.

"The pandemic has surfaced issues that have been simmering in healthcare for decades. Our training has taught us to sacrifice our own well-being as a noble act in service to our patients. This can no longer be an either/or, it must be both AND—as a powerful, smart group, we are very capable of collectively figuring out what it will take to both take care of ourselves AND our patients."





AAO-HNS/F Celebrates 125 Years at #OTOMTG21

This Annual Meeting was particularly special because it marked the 125-anniversary celebration of the Academy with several special elements planned for attendees that highlighted such a commemorative year.

Legacy of Excellence, which documents the Academy's contributions to otolaryngology-head and neck surgery and medicine over the past 25 years, was provided free to Academy members and available for purchase for nonmembers and members who wanted to purchase another copy in Los Angeles. Read more about this sequel to *Century of Excellence* on pages 14-15 and how to get your copy.

The Annual Meeting also presented attendees with the opportunity to further explore the Academy's rich history in the 125th Anniversary Legacy of Excellence Museum. From this exhibit located in the center of the Los Angeles Convention Center, attendees could view a sampling of artifacts that traveled to Los Angeles from the John Q. Adams Center for the History of Otolaryngology-Head and Neck Surgery housed at the Academy's headquarters—including some original artwork from Chevalier Jackson, MD, from 1939! It became quite the popular spot for group pictures and memorializing the occasion.

Hall of Distinction Inaugural Class Is Recognized

Another highlight of the Annual Meeting was the special recognition of the inaugural class of the Hall of Distinction that included a moderated Panel Presentation by Dr. Bradford with six of the current inductees.

The distinguished panel featured **M. Jennifer Derebery, MD; K.J. Lee, MD; Eugene N. Myers, MD, FRCS Edin (Hon); James L. Netterville, MD; Gavin Setzen, MD; and Gayle E. Woodson, MD**, who took turns providing their perspectives of the following question posted by Dr. Bradford: How does the past inform the future of otolaryngology? (Dr. Derebery and Dr. Woodson joined the panel virtually via a prerecorded message.)

The panel discussion was followed by the presentation of the Hall of Distinction award to the recipients and a reception that included a book signing of the *Legacy of Excellence* commemorative book by the Past Presidents in attendance. To read more about each panelist's thoughts on the posed question, go to <https://www.aaohnsfmeetingnewscentral.com/meeting-coverage/article/21759510/hall-of-distinction-panel-tackles-pastfuture-question>.

Science Takes Center Stage at #OTOMTG21

One tradition that was maintained and even further enhanced with new programming at the Annual Meeting was the cutting-edge scientific presentations that filled the schedule. Featuring 220 oral sessions and 500 scientific poster presentations, **Daniel C. Chelius, Jr., MD**, AAO-HNSF Annual Meeting Program Coordinator, and the Annual Meeting Program Committee, presented attendees with a plethora of education opportunities covering the spectrum of the specialty.

"Our presenters come from throughout the field," Dr. Chelius said. "From academia, and private practice, from world-renowned basic science labs and rising translational research programs, from large research hospitals and small underserved clinics. Our oral session moderators are leaders in their fields and include many of the Academy's leaders in education and research."

In addition to the mainstay sessions and activities that attendees look forward to every year, such as the guest lecturers, the Academic Bowl, SIM Tank, and more, added to the program this year were the Great Debates, the ENTrepreneur Faceoff, and special EVP/CEO sessions spotlighting wellness and resiliency as it relates to diversity and inclusion, the

pros and cons of various types of physician employment models, analysis of the changes to day-to-day practice models resulting from the COVID-19 virus, and review of scientific and research updates on potentially game-changing, new, and innovative technologies in otolaryngology.

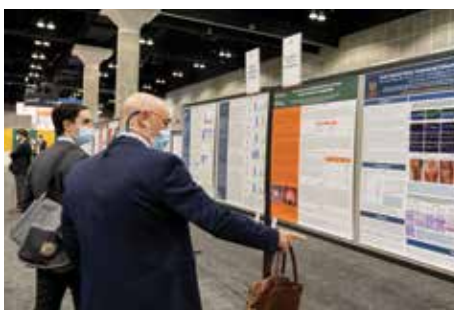
OTO Experience: New Exhibitors, Hands-on Approach

In addition to the new exhibitors, the 125th Anniversary OTO Experience featured exhibitors who hosted hands-on demo labs in their meeting rooms as well as product demonstrations and Thought Leadership Series in the OTO Theater and the Corporate Satellite Symposium at the J.W. Marriott Los Angeles L.A. Live. The Industry Thought Leadership Series included key opinion leaders from the Academy's industry partners who debated, shared science, and hosted live town hall-style events to answer attendee questions. The Symposium featured new product announcements, science, and demonstrations. Also essential to the OTO Experience was the inclusion of the display of Scientific Posters that were featured both in-person and online.

Next Stop: Philly!

As the scheduling came to a close in LA, both staff and attendees were already discussing plans for the next AAO-HNSF Annual Meeting & OTO Experience in Philadelphia, Pennsylvania, September 10-14, 2022, with the theme, "Forward Together."

For coverage from the Annual Meeting, go to the Meeting Daily Meeting News Central website at <https://www.aaohnsfmeetingnewscentral.com/>. ■



Mentors and Mentees

Beyond U.S. Borders — Our

The Resident Reviewer Development Program (RRDP) operates as part of the AAO-HNSF's peer-reviewed journal *Otolaryngology–Head and Neck Surgery* and has grown since its inception in 2016. It was the product of efforts by then-Deputy Editor **Cecelia E. Schmalbach, MD, MS**, and Editor in Chief **John H. Krouse, MD, PhD, MBA**. Current Deputy Editor **Jennifer J. Shin, MD, SM**, further cultivated the RRDP to help make the RRDP the success it is today.

The program pairs PGY-3 and PGY-4 residents with mentors who are seasoned journal reviewers. The mentors guide the residents through the peer review process until the residents successfully review a manuscript on their own. Residents then graduate from the program and join the journal's reviewer pool. For the RRDP class that began in 2021, Dr. Shin worked with members of the journal's International Editorial Board to expand the program's reach to international residents and to produce a peer review curriculum for the international community and RRDP participants. Canadian residents have been a mainstay in the program, but RRDP participants also come from and attended medical school in Iran, Saudi Arabia, Venezuela, Australia, and Mexico. Dr. Shin praises the value of having international mentees.

"They are a wonderful addition to our program," she noted. "They bring a unique viewpoint

and diversify our perspectives, particularly on topics such as COVID and equity."

At the heart of the RRDP is mentorship, a touchstone in medical education in the United States. And while RRDP participants—regardless of home country—extol the extraordinary value of their RRDP mentors, the mentoring experienced by some is particularly prized.

"There was not a defined mentorship structure in my medical school," said **Stefania Goncalves, MD**, a PGY-5 at the University of Miami Miller School of Medicine and RRDP graduate. That is not to say she went without the guidance of those with more knowledge and experience at her medical school in Caracas, Venezuela. "My mentors found me while I was doing clinical rotations," she explained. "They were able to identify my passion for otolaryngology and shaped my path to where I am today, giving me the best advice possible and connecting me with leaders in the field around the world."

Ahmed A. Al-Sayed, MBBS, followed a path similar to Dr. Goncalves. Born and raised in Saudi Arabia, where he also attended medical school, Dr. Al-Sayed completed his residency in Canada and continues his studies in the U.S. While in the RRDP—Dr. Al-Sayed is now a program graduate—he found that "there was a bit of learning curve at first, but I managed to overcome many of

the challenges with the help of my mentor." The crucial role of his RRDP mentor was not unlike the role of mentors at his medical school. In Saudi Arabian culture, mentorship is very important. "The role of a mentor is indispensable," he explained. "It has implications on the learning experience, career choices, research productivity, academic promotion, and job opportunities."

Current RRDP participant **Adriana Ortiz, MD**, and recent program graduate **Ramón Albavera, MD**, shared their experiences with mentorship in Mexico. Dr. Ortiz, a resident at the University of Guadalajara, commented on the "good mentorship" at her institution. Dr. Albavera, who is training at Hospital De Especialidades of the Centro Médico Nacional SXXI in Mexico City, explained, "We work with a different mentor every month, learning from that mentor about patient care and surgery—each doctor has different surgical techniques."

Sara Rahavi-Ezabadi, MD, MPH, is another RRDP graduate who, like Dr. Goncalves, also became a successful reviewer for the journal. Shortly after she graduated from the RRDP she completed her residency at Tehran University of Medical Sciences and joined



Stefania Goncalves, MD



Adriana Ortiz, MD



Ramón Albavera, MD



Jennifer J. Shin, MD, SM



Ahmed A. Al-Sayed, MBBS



Sara Rahavi-Ezabadi, MD, MPH

International Collaborations

Mapping Resident Reviewer Development Program Geographically



the faculty there. She credits the RRDP with improving her research writing. “The RRDP helped me to learn how to comprehensively review an article and to identify its strengths and weaknesses. Becoming a better reviewer helped me to become a better author.” Drs. Ortiz and Albavera also find value in applying the different components of the peer review process to other areas of their training. As Dr. Ortiz noted, “I have learned a lot about statistics and clinical investigation

methodology.” And for Dr. Albavera, “The RRDP has been useful for me this year, especially since I am working on my thesis and clinical investigation projects.” Thoughts on and experiences with mentorship also inform how the program’s international mentors guide their residents. Current program mentors come from Canada, Mexico, Taiwan, Singapore, New Zealand, and Australia. **Marco A. Figueroa, MD; Ming Yann Lim, MBBS, MRCS,**

DOHNS, MMed, FAMS; and **Hsin-Ching Lin, MD**, who are esteemed specialists in their countries and members of *Otolaryngology–Head and Surgery’s* International Editorial Board, have unique insights.

Dr. Figueroa, of Instituto Mexicano del Seguro Social in Mexico City, firmly believes



Marco A. Figueroa, MD

that mentorship “is of paramount importance in the training of future generations in otolaryngology, not only in Mexico but worldwide.” He also sees value in how mentorship can become a global endeavor with tremendous benefits for patients. “Invite [students] to learn in positions at other schools, national and international,” he explained, “to form comprehensive clinical and research points of view.”

At his hospital, Kaohsiung Chang Gung Memorial Hospital, in Taiwan, Prof. Lin noted, “Our fellows and residents in otolaryngology have one-on-one mentors during the entirety of their training program.” But beyond mentors being “in charge of caring for the mentee’s learning progress and safety,” mentors also closely attend to their mentees’ well-being. In Singapore, “mentorship is central to otolaryngology ... an important process by which doctors get trained,” according to Dr. Lim, who works at Tan Tock Seng Hospital,



Hsin-Ching Lin, MD



**Ming Yann Lim
MBBS, MRCS, DOHNS,
MMed, FAMS**

a public institution. “The mentorship is a collective one,” he explained, “where the faculty is responsible for the clinical and surgical training of the resident. But we also appoint mentors to individually guide residents during the time that they rotate to our hospital. So, there is both collective and individual mentorship, which is great for the residents!”

And does academic medicine mentorship intersect with the dual task of performing a high-quality review and teaching the peer review process? “My experience in the RRDP is really unique and totally different from my other experiences of teaching students,” said Prof. Lin. He must unite his proven ability to write valuable reviews for the journal’s editors with an ability to offer “an impressive and informative learning experience” for his mentees. Dr. Lim offers similar insight: “As I embarked on this journey with the residents, I have learned that it is an education process for me too. The whole program underlines the fact that, as in any mentorship program, both the mentor and the mentee are on a learning journey together.”

At times, teaching the peer review process is complicated by a resident not having the analytical skills necessary to produce a good review. “What does one do in this instance?”

considered Dr. Lim. “It is a situation that demands a careful balance of considerations.” Yet despite such obstacles, Dr. Lim knows he must “be forthcoming and constructive in my feedback to the resident ... yet remain encouraging.”

Such encouragement from her mentor has kept **Alba Pérez, MD**, a resident at University of Guadalajara, steadily progressing through the program. “So far my experience in the program has been really satisfying and perhaps a little scary,” she said. She fears giving an unfavorable review to an article that doesn’t deserve it. “But I guess that’s part of the program”, she continued, “to learn to feel confident in my work.” This sentiment underscores the meaning of mentorship in the RRDP.



Alba Pérez, MD

International engagement clearly makes the RRDP stronger. “Working together with our international community is a unique educational opportunity for mentors and mentees alike,” said Dr. Shin. “The ideas generated with regard education—for example, our new didactic curriculum—are more replete because the sessions are based on ideas shared from across the globe.” ■

Mentorship in the RRDP and Beyond

As **Sara Rahavi-Ezabadi, MD, MPH**, progressed through the Resident Reviewer Development Program (RRDP), she quickly realized she struck gold with her mentor, **Hsin-Ching Lin, MD**. This is not uncommon for many program participants—RRDP mentors embody the gold standard.

As Deputy Editor **Jennifer Shin, MD, SM**, explained, “Our editorial work through the journal allows us to identify our best reviewers—both in content and timeliness. We also have an opportunity to work together with them to identify professionalism in interactions and a commitment to mentorship.” Like his fellow RRDP mentors,

Prof. Lin is committed.

“It was my great honor to be paired with Prof. Lin,” said Dr. Rahavi-Ezabadi. Not only did Prof. Lin help Dr. Rahavi-Ezabadi hone her reviewing skills, but his professional path provided inspiration for her own.

As a recently installed assistant professor at Tehran University of Medical Sciences, Dr. Rahavi-Ezabadi is pursuing certain lines of research, one with the assistance of Prof. Lin. “She asked me to supervise her new study proposal,” he said. “To see her successful graduation from the RRDP was the most joyful part for me.”



**Sara Rahavi-Ezabadi,
MD, MPH**



Hsin-Ching Lin, MD



**Jennifer J. Shin,
MD, SM**

In addition to engaging in research together, there is also talk between the two of hosting one another at their respective hospitals in their respective countries. “The RRDP was a great opportunity for me. It paved my way, gave me great mentor, and provided me with great relationships,” said Dr. Rahavi-Ezabadi.

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Faculty:

Erika Celis-Aguilar, MD, Professor, Department of Otolaryngology and Neurotology, Center of Research and Teaching in Health Sciences, Civil Hospital of Culiacán, Autonomous University of Sinaloa, Mexico

Jennifer J. Shin, MD, SM, Vice Chair for Academic Affairs at Longwood, Department of Otolaryngology–Head and Neck Surgery, Harvard Medical School; Associate Chair for Faculty Development, Department of Surgery.

Key Concepts in Statistics

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We also welcome communication from residency program directors regarding interest in the program.



OUT OF COMMITTEE: VOICE

GERD Awareness Week: Newer Research and Testing and Treatment Options

Jonathan M. Bock, MD, and **Thomas L. Carroll, MD,** members of the Voice Committee

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) Voice Committee works with its members to raise awareness, promote public policy, and advocate for vocal health issues. GERD Awareness Week is November 21-27, 2021, and the AAO-HNS would like to draw attention to this issue as it relates to laryngeal health.

Gastroesophageal reflux disease (GERD) is a relatively common medical condition for many Americans and has been part of both our medical and social vernacular for well over a century. The relationship between the backflow of food and digestive enzymes and the sometimes painful condition known as heartburn has long been studied, and up to 20% of Americans struggle with some form of reflux concerns.¹

Many people with reflux simply try to avoid foods that trigger this uncomfortable condition, while others take over-the-counter remedies to allow them to be able to enjoy more of these foods in their diet. There is no single cause of reflux, and there is also no simple solution for many patients. Issues such as esophageal dysmotility and altered lower esophageal sphincter tone can be implicated as causes of GERD but are themselves due to systemic issues, obesity, genetics, and other confounding factors.²

Physicians also distinguish between simple heartburn and the constellation of symptoms that are associated with GERD above the esophagus to further define the spectrum of injury this condition can cause. Multiple testing modalities are now available that allow for a more refined diagnostic acumen for both traditional GERD and extra-esophageal reflux disease (EERD), including pH probe, impedance, high resolution

esophageal manometry and digestive enzyme analysis studies.^{3,4} It is the EERD symptoms that are most bothersome to patients in the otolaryngology clinic and which traditionally prompt heavy use of proton pump inhibitor therapies in this group. Most reflux events for EERD patients are nonacidic or weakly acidic however, and your patients may not always respond well to acid suppression alone to control symptoms when ongoing nonacid reflux continues.

GERD Awareness Week began in 1999 as a mechanism for educating the population regarding the disease presentation and treatments for reflux. An important part of patient education in this regard involves lifestyle recommendations. The timing of GERD awareness week coincides with the Thanksgiving holiday in the United States, which is an accepted moment of overindulgence and dietary indiscretion for much of the public.

Weight loss, avoiding fatty meals near

bedtime, smaller portions, and avoidance of heavily acidic foods can all help improve symptoms of heartburn and reflux.⁵ These types of small lifestyle changes can have a big impact on reducing overall reflux burden in the esophagus and can help to significantly decrease throat irritation, globus sensation, cough, and hoarseness in these patients. Making a commitment to healthier eating, eating more slowly, and enjoying smaller portion sizes at meals can all have a positive effect on GERD a little at a time. Over-the-counter antacids, H2 blockers, and proton pump inhibitors all have an ongoing role in helping to mitigate indigestion and discomfort related to reflux. Alginate chewables and suspensions are becoming more common in our armamentarium of reflux relief for our patients, especially for those with documented nonacid reflux and extra-esophageal reflux disease or with high suspicion for EERD in the face of failed improvement on acid suppression alone. Alginates work by forming a barrier to reflux and not as an acid-neutralizing agent like other reflux treatments.⁶ In severe cases, antireflux surgery may also be appropriate in carefully selected patients who wish to avoid medications or have symptoms that interfere

markedly with their quality of life.⁷

GERD is known to cause ongoing, severe esophageal inflammation that can induce precancerous changes in the esophageal mucosa such as Barrett's Esophagus. GERD Awareness Week was envisioned to help patients recognize symptoms that might lead to proper testing for this disorder. As otolaryngologists, EERD can be suspected and improved significantly in our patients by being mindful of the triggers of GERD, using objective reflux testing where available or when empiric medication trials fail and considering esophageal screening in those with EERD and/or GERD.⁸ This week is a great time to educate yourself and your patients about newer research and testing and treatment options for GERD and its upstairs neighbor, EERD. ■

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GERD Awareness Week: November 21-27, 2021

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FROM THE EDUCATION COMMITTEES

Dorsal Preservation Rhinoplasty

P. Daniel Knott, MD, Chair, Facial Plastics &
Reconstructive Surgery Education Committee

The tale of dorsal preservation rhinoplasty is a common one in surgery; a pioneering technique, forgotten in dusty journals, gets rediscovered and takes a field by storm. In this case, the dogma associated with a time-honored technique is having to share the stage with a new concept and a new approach to the dorsal hump. The American Academy of Facial Plastic and Reconstructive Surgery is embracing the renaissance of dorsal preservation techniques and is increasing its teaching in meetings and courses.

Jacques Joseph, MD, is widely credited with developing aesthetic nasal surgery in Berlin in the early part of the 20th century.¹ He described techniques of dorsal hump takedown and lateral osteotomies to remove dorsal humps while maintaining aesthetic contours and profiles. Since his early descriptions, so-called Joseph rhinoplasty, either by endonasal or open approaches, defined the art of rhinoplasty for the past century. Whether representing a purely reductive approach or consisting of open structure techniques preaching cartilage grafting and cartilage repurposing, dorsal hump takedown with osteotomies has remained the mainstay in reducing the size of the prominent nasal profile.

A small group of national and international surgeons, working independently and collaborating at international meetings, has rediscovered

a fundamentally different and alternative approach. Termed “dorsal preservation rhinoplasty,” this procedure consists of bony and cartilaginous septal weakening maneuvers that allow the entire bony/cartilaginous structure of the dorsum to be reduced into the nose while preserving the integrity of the dorsum.²

Dorsal preservation rhinoplasty, also commonly referred to as the “Cottle” rhinoplasty, was actually described by a group of rhinoplasty surgeons—including Maurice Cottle, MD, Joseph Goodale, MD, and Olivier Lothrop, MD—at the end of the 19th and start of the 20th century.³ Divided into two main approaches, the “letdown” technique, wherein crescents of the ascending process of the maxilla are removed in conjunction with the performance of transverse osteotomies that allow the dorsum to “drop” into a lower position, and the “pushdown” technique, where lateral and transverse osteotomies are made and the nasal dorsum is “pushed” down into position with the lateral nasal sidewalls telescoping into the nasal cavity, preservation rhinoplasty is rapidly growing in popularity. Offering the ability to refine dorsal profiles without disruption of the bony/cartilaginous dorsal vault, preservation rhinoplasty may offer a reduction technique with less potential negative impact on the nasal airway.

Dorsal preservation rhinoplasty techniques likely fell out of favor due to the difficulty of performing the cartilaginous cuts, uncertainty about the stability of the dorsal position, and difficulty with managing

deviated noses. As limitations of current techniques have been recognized, as well as the development of greater anatomic understanding coupled with new piezoelectric instrumentation, dorsal preservation rhinoplasty has been rediscovered and reinvigorated.^{4,5}

The American Academy of Facial Plastic and Reconstructive Surgery has been quick to embrace the reemergence of this old technique and dedicated a full day to discussions, anatomy, and cadaver dissections of dorsal preservation rhinoplasty at the most recent rhinoplasty meeting at Walt Disney World in 2019. Academic departments, national and international meetings, and residency teaching programs will likely look for ways to encourage and embrace this new approach as it becomes more widely accepted. ■

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De-escalation of Adjuvant Treatment for HPV+ Oropharyngeal Cancer: TORS and ECOG 3311

Kevin J. Contrera, MD, MPH; Neil D. Gross, MD;

Mihir R. Patel, MD; Vikas Mehta, MD;

Robert L. Ferris, MD, members of the Outcomes Research and Evidence-Based Medicine Committee

Can Transoral Robotic Surgery (TORS) Reduce Radiation Toxicity in Select Patients?

Standard treatment for locoregionally advanced oropharyngeal cancer has traditionally been offered to patients via two pathways: chemoradiation (70 Gy + platinum-based chemotherapy) or surgery followed by radiation (60 Gy +/- chemotherapy). Evidence has been building for the potential of TORS to further stratify the dichotomous treatment of oropharyngeal squamous cell carcinoma by identifying patients who may be eligible for further de-escalation based on low-risk pathology. No study added to that evidence more than the Eastern Cooperative Oncology Group – American College of Radiology Imaging Network (ECOG-ACRIN) 3311, formally known as “Transoral Surgery Followed by Low-Dose or Standard-Dose Radiation Therapy with or without Chemotherapy in Treating Patients with HPV Positive Stage III-IVA Oropharyngeal Cancer.” This article updates readers on this study and the status of de-escalation of oropharyngeal cancer treatment.

Review of the Protocol

The study took patients with AJCC 7th Stage III-IV (cT1-2, N1-2b) HPV+ oropharyngeal squamous cell carcinoma (OPSCC) who were undergoing transoral resection with neck dissection and stratified them into four arms based on risk. Patients at low risk (Arm A: pT1-2N0-1, ≥ 3 mm margins) were observed without adjuvant treatment. High-risk patients (Arm D), namely those with positive margins, extranodal extension (ENE) ≥ 1 mm, or > 4 metastatic nodes, underwent adjuvant chemoradiation (66 Gy and

cisplatin). Patients at intermediate risk (close margins, < 1 mm of ENE, or 2-4 metastatic nodes, perineural invasion or lymphovascular invasion) were randomized to 50 Gy (Arm B) or 60 Gy (Arm C) of adjuvant radiation. In addition to progression-free and overall survival, the study evaluated both functional and quality of life assessments.

Current Status

From 2013 to 2017, 68 credentialed surgeons across the country performed 519 TORS surgeries. This, in itself, was a milestone for the specialty in terms of multi-institutional coordination, led by Robert L. Ferris, MD, PhD, and Chris Holsinger, MD.¹ Positive margins occurred in 4% of patients. Severe bleeding (Grade III/IV) occurred in 5% of patients, with one death (Grade V) in approximately 500 patients (0.2%).

The initial results of the study have been presented at American Society of Clinical Oncology (ASCO) 2020 Virtual Annual Meeting, and updated with 3-year survival at ASCO 2021, and the manuscript is currently in press.² Three-year progression-free survival was approximately 95% in the experimental, low-dose radiation group (Arm B), which was the same as the standard dose radiation group (Arm C). In fact, progression-free survival was greater than 90% in all four arms (A: 96.9% [90% CI 91.9-100], B: 94.9% [91.3-98.6], C: 93.5% [89.4-97.9], D: 90.7% [86.2-95.4]). Overall survival was similar for all arms (A: 100% [90% CI 100-100], B: 99.0% [97.3-100], C: 95.0% [91.5-98.7], D: 93.3% [89.4-97.4]). Patients receiving adjuvant radiation alone compared to adjuvant chemoradiation (intermediate vs. high-risk arms) were found to have better swallowing. Among the intermediate group, the lower intensity radiation arm appeared to have improved functional outcomes, although this data should be interpreted with caution as these groups do not have the same baseline risk, and long-term follow-up data are pending.

What We Currently Know

ECOG-ACRIN 3311 has helped clinicians understand the role of TORS for patients with locoregionally advanced HPV+ oropharyngeal cancer. The study establishes that TORS is safe in this population and can achieve favorable oncologic outcomes. Swallowing results were also better in the low-dose arm. Furthermore, this study has provided a template for appropriate de-escalation of adjuvant treatment. Most notably, for patients with negative margins, < 5 metastatic nodes, and no extensive ENE (> 1 mm), treatment radiation doses are meaningfully reduced without the need for chemotherapy in roughly 70% of patients. Regardless of the advances with TORS, patients who are anticipated to be in the high-risk group (≥ 1 mm ENE, likely positive margins, > 4 nodes) are generally favored to undergo definitive chemoradiation rather than trimodality treatment (surgery followed by adjuvant chemoradiation.) Nevertheless, treatment of head and neck cancer requires an individualized approach, and these preliminary findings only serve as a guideline for management.

What We Still Need to Know

While this study demonstrates outstanding outcomes after TORS for HPV+ OPSCC, there are still many questions remaining. Our ability to preoperatively identify high-risk patients who might be best served by chemoradiation is limited.³ Additionally, the prognostic implications of tobacco abuse in HPV+ OPSCC and how it impacts treatment outcomes for the different modalities have yet to be fully elucidated.⁴ More importantly, debate still exists as to how surgery with adjuvant radiation compares to chemoradiation for patients at intermediate risk. A phase III trial comparing surgery with adjuvant radiation to platinum-based chemoradiation is currently in development. This phase III prospective trial is designed to maximize accrual of intermediate-risk patients with HPV+ oropharyngeal cancer



by identifying those with < 1 mm ENE. They will be stratified based on age, pack-year smoking history, and primary disease site (tongue base and glossopharyngeal sulcus vs. tonsil) before randomization to surgery or chemoradiation (70 Gy + cisplatin, the current standard of care based on Radiation Therapy Oncology Group [RTOG] 1016). The surgical arm will undergo pathologically driven adjuvant therapy identical to ECOG-ACRIN 3311.

Currently, the upcoming trial is designed as a non-inferiority study with overall survival as the primary endpoint. However, a head-to-head study comparing surgery with/without adjuvant radiation to platinum-based chemoradiation may necessitate as many as 1,500 patients to discern a meaningful difference. If such a trial is not feasible, are the results from ECOG-ACRIN 3311 convincing enough to adopt surgery as the standard of care for intermediate-risk patients? ECOG-ACRIN 3311 is arguably practice-changing by demonstrating that pathologically driven de-escalation is possible to improve functional outcomes while maintaining the excellent prognosis for select patients afflicted with HPV+ oropharyngeal cancer. While the field has adopted a variety of

de-escalation treatment algorithms, we must continue to proceed with caution as some studies have found that certain de-escalation strategies can worsen survival.⁵ Single-institution trials are invaluable in exploring what is possible. However, to truly shift the paradigm and deepen our understanding of which patients will benefit best from surgery, we will need collaborative, phase III multi-institutional prospective investigations that are adequately powered to test the age-old question: surgery versus chemoradiation. ■

The content of this article was developed in partnership with the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) Outcomes Research and Evidence-Based Medicine Committee. The content is provided by authors and does not reflect the official viewpoints of ECOG-ACRIN, National Cancer Institute, or the American Academy of Otolaryngology–Head and Neck Surgery.

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West Central Florida boasts a growing business community, a top-rated school system and charming communities nestled into beautiful backdrops. Located approximately an hour away from the large metropolitan areas of Greater Orlando and Greater Tampa Bay. Rich with history and old-world charm, it's also a great place to visit for camping, fishing, kayaking and canoeing.

Contact

Mary Langenstein

Mary.Langenstein@HCAhealthcare.com

Phone: 813-876-3171



Penn State Health is seeking Otolaryngologists to join our growing team in either academic or community-based settings. Penn State is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,500 people system-wide.

WE'RE HIRING FOR:

- Pediatric Otolaryngologist
- General Otolaryngologists
- Otolist/Neurotologist
- Otolaryngology subspecialists

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

**FOR MORE INFORMATION,
PLEASE CONTACT:**

Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu



PennState Health



Facial Plastic and Reconstructive Surgery Faculty Position

University of Utah Otolaryngology-Head and Neck Surgery seeks BC/BE Assistant/Associate Professor faculty with fellowship training in facial plastic and reconstructive surgery. This is a full-time career line (non-tenure track) position. Responsibilities will include resident education, research, and clinical care. Research opportunities are plentiful with intramural funding available in a strong collaborative environment. Position available immediately.

The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: <http://www.regulations.utah.edu/humanResources/5-106.html>.

Applicants must apply at:
<https://utah.peopleadmin.com/postings/122953>

For additional information, contact:
Susan Harrison
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-3186
Fax: (801) 585-5744
E-mail: susan.harrison@hsc.utah.edu

Pediatric Otolaryngologist

Job Specifics

- The Children's Hospital of Illinois is seeking a Pediatric Otolaryngologist to join our rapidly growing practice.
- This incoming physician will join two board certified Pediatric Otolaryngologists, two Physician Assistant's with the call expectation of 1:3.
- The Pediatric ENT program specializes in cases ranging from tubes and tonsils to complex airway management. The team participates in multidisciplinary clinics in collaboration with Pediatric Pulmonology, Pediatric Gastroenterology, Pediatric General Surgery, Audiology and Speech Therapy.
- Must be board certified or eligible in Otolaryngology with a fellowship in Pediatric Otolaryngology; be eligible for an Illinois license; have excellent bedside manner and interpersonal skills.

The Community

- Peoria, the largest Illinois metropolitan area outside of Chicago and St. Louis, is home to a large collection of medical research, educational and clinical facilities including the University Of Illinois College Of Medicine at Peoria and Jump Trading Simulation & Education Center.
- Peoria, Illinois, offers a range of residential opportunities whether you are looking for something out of the way, in the woods, along the river or right in the heart of the city.
- Peoria is also home to a number of performance venues, museums, art galleries and more than two dozen historic landmarks of both local and national fame.

About OSF HealthCare Children's Hospital

OSF HealthCare Children's Hospital of Illinois in Peoria is the third largest pediatric hospital in Illinois and the only full service tertiary hospital for kid's downstate. With 136 beds and more than 141 pediatric subspecialists, OSF Children's Hospital cares for more children in Illinois than any hospital outside of Chicago. Formally established as a pediatric hospital within the walls of OSF HealthCare Saint Francis Medical Center in 1990, OSF Children's Hospital has over 7,000 admissions; 2,500 newborn deliveries, and 18,000 emergency department visits each year. More at <https://www.osfhealthcare.org/childrens/>.

Please contact or send CV to:

Stacey Morin, OSF HealthCare Physician Recruitment
Ph: (309) 683-8354
Email: stacey.e.morin@osfhealthcare.org
Web: www.osfhealthcare.org

OSF HealthCare



CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS Massachusetts General Hospital

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia. The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIH and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available. Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS
Eugene B. Casey Professor of Laryngeal Surgery
Harvard Medical School

Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
One Bowdoin Square, 11th Floor
Boston, MA 02114

Telephone: (617) 726-0210 Fax: (617) 726-0222
zeitels.steven@mgh.harvard.edu



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- A starting salary of \$300,000
- A well-traveled road to partnership without buy-ins and buy-outs
- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

Our continued growth, coupled with upcoming physician retirements, means opportunity for you!

For more information, contact our President, Robert Green, MD (Rgreen@entandallergy.com) or our Chief Executive Officer, Robert Glazer (Rglazer@entandallergy.com or call 914-490-8880).



UNIVERSITY OF CALIFORNIA – DAVIS

PEDIATRIC OTOLARYNGOLOGIST - The Department of Otolaryngology at the University of California, Davis, School of Medicine, located at the UC Davis Medical Center in Sacramento, California, is seeking two academic full-time Assistant or Associate Pediatric Otolaryngologists in the clinical X series to participate in clinical, teaching and research programs. In addition to clinical responsibilities, candidate will be expected to fully participate in departmental programs, including teaching of medical students and residents; and must be able to work cooperatively and collegially within a diverse environment.

The candidate is required to have an MD degree, be board certified or board eligible in Otolaryngology, and be eligible for a California medical license. Additionally, candidates must be fellowship trained in pediatric otolaryngology. The successful candidate must be able to demonstrate that they are legally authorized to work in the United States. The University will not offer sponsorship of a visa for this position.

Qualified applicants should apply online at UC Recruit: <https://recruit.ucdavis.edu/apply/JPF04229> by uploading current curriculum vitae with bibliography, letter of interest, statement of contributions to diversity, and the names and contact information of at least three professional references.

For more information, please contact Dr. Maggie Kuhn at makuhn@ucdavis.edu

For full consideration, applications must be received by July 28th, 2021; however, the position will remain open until filled, through June 30th, 2022.

UC Davis commits to inclusion excellence by advancing equity, diversity, and inclusion in all that we do. We are an Affirmative Action/Equal Opportunity employer, and particularly encourage applications from members of historically under-represented racial/ethnic groups, women, individuals with disabilities, veterans, LGBTQ community members, and others who demonstrate the ability to help us achieve our vision of a diverse and inclusive community. For the complete University of California nondiscrimination and affirmative action policy see: <http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct>.

UC Davis Health welcomes applications from women and under-represented minorities. The University has a strong institutional commitment to the achievement of diversity among its faculty and staff.

Under Federal law, the University of California may employ only individuals who are legally able to work in the United States as established by providing documents as specified in the Immigration Reform and Control Act of 1986. Certain UCSC positions funded by federal contracts or sub-contracts require the selected candidate to pass an E-Verify check. More information is available at: <http://www.uscis.gov/e-verify>.

UC Davis is a smoke and tobacco-free campus (<http://breathefree.ucdavis.edu/>)

Willamette ENT®

Ear • Nose • Throat

Willamette ENT, a six-physician, one-PA premier ENT practice, located in Salem, Oregon is seeking a dedicated General Otolaryngologist (subspecialty interests will be considered) and/or an Otologist Physician to join our practice serving the beautiful Willamette Valley in 2022.

This is an opportunity to be part of an established single-specialty clinic on a physician owned campus with a large clinic and ambulatory surgical center (ASC). The clinic provides comprehensive and collaborative full-service ENT including Allergy, CT services, home sleep studies and Audiology services with six AuDs and excellent support staff. Facial plastic procedures and complete office rhinology procedures can be performed in the clinic procedure room including BSP and ESS. Our onsite ASC has three surgical suites with image guidance and nerve monitoring equipment. We currently have two positions available as we expand to seven ENT physicians to meet the growing demand of the community.

We offer an excellent compensation package with partnership potential, generous 401k with employer match and profit sharing, health, dental, vision, disability, life, PTO, malpractice with tail coverage options.

Requirements:

- MD/DO degree, Board certification or board eligible
- Licensed in Oregon or eligible for Oregon Licensure
- Otology Interest/Fellowship Preferred

Located in the Pacific Northwest the Willamette Valley is in close proximity to Portland, the coast, the high desert, and the Cascade Range, and is home to more than 500 wineries. The area offers abundant outdoor recreation opportunities including beautiful lakes and rivers, endless hiking trails and beautiful golf courses. Salem offers outstanding schools, excellent restaurants, theater and symphony with a lower cost of living. For a glimpse of Salem go to <https://www.youtube.com/watch?v=GHTWUBLT-tQ>

For more information about our clinic please visit www.entsalem.com

Please contact or send CV to:

Kim Robbins, HR Director
Email: kimr@entsalem.com
Phone: 503-485-2574
Fax: 503-584-7991



HEAD AND NECK SURGERY OPPORTUNITY AVAILABLE AT SANFORD CLINIC – SIOUX FALLS, SD

Seeking a Head and Neck Surgeon to join an established head and neck cancer practice with multidisciplinary care. Walk into a full Head and Neck cancer practice with all the amenities of a large university with a very attractive salary and the ability to do research if interested!

Practice Details:

- Call schedule is 1:5 with no mandatory trauma call
- Join an exciting, innovative Head and Neck program
 - Established microvascular reconstruction program
 - Established TORS program
 - Multiple active head and neck cancer clinical trials including several investigator initiated clinical trials with strong institutional support for research and potential for protected research time depending on interest
 - Head and neck cancer nurse navigation with experienced head and neck cancer focused Nurse Practitioners and Physician's Assistants in the clinic and operating room.
- Join a team of well-trained ENT physicians, audiologists, APPs & support staff within the department
- 545-bed, Level II Trauma Center
- Large, State-of-the-Art Surgical Suites
- Competitive compensation and comprehensive benefit package
- Excellent retention incentive & relocation allowance

Sioux Falls, SD is one of the fastest growing areas in the Midwest and balances an excellent quality of life, strong economy, affordable living, safe and clean community, superb schools, fine dining, shopping, arts, sports, nightlife and the ability to experience the beauty of all four seasons. The cost of living is competitive with other leading cities in the region and South Dakota has no state income tax. Check us out at practice.sanfordhealth.org.

For More Information Contact:
Deb Salava, Sanford Physician Recruitment
(605) 328-6993 or (866) 312-3907 or email:
debra.salava@sanfordhealth.org

Icahn School of Medicine at Mount Sinai • Department of Otolaryngology – Head and Neck Surgery

The Mount Sinai Hospital Department of Otolaryngology – Head and Neck Surgery is seeking applications for full-time otolaryngologists to join the academic staff at the Icahn School of Medicine at Mount Sinai.

The Department offers candidates an outstanding opportunity to join our team of highly specialized otolaryngologists who practice in modern state-of-the-art facilities within the Mount Sinai Health System and in our satellite practices. The physicians will provide the highest level of quality patient-centered healthcare and will embrace the teaching of medical students and residents, as well as participate in clinical research.

The candidate is required to have a medical degree, be board certified or board eligible and must be able to obtain a New York medical license.

The Department is seeking qualified otolaryngologists in general and subspecialty training.

Please send inquiries and curriculum vitae to:

Eric M. Genden, MD
Professor and Chairman
Icahn School of Medicine at Mount Sinai
Department of Otolaryngology –
Head and Neck Surgery
One Gustave L. Levy Place
Box 1189
New York, NY 10029

Email:
kerry.feeney@mountsinai.org



**Mount
Sinai**

Otolaryngologist Cooper University Hospital

The Division of Otolaryngology-Head & Neck Surgery at Cooper University Hospital, located in southern New Jersey, across the river from Philadelphia, is seeking a full-time Otolaryngologist to join our dynamic and busy academic/clinical practice. The ideal candidate will have expertise in facial plastic/reconstructive surgery and sleep apnea surgery, as well as be comfortable and competent in managing all aspects of general Otolaryngology encountered in the outpatient and inpatient/on-call setting. All interested candidates are encouraged to apply.

This is an exciting opportunity to join a collegial, close-knit, and energetic group of ENT surgeons, as well as to serve as a core faculty member in our ACGME-accredited Otolaryngology residency training program that started in July 2019. You will have the opportunity to teach and mentor medical students and residents on a regular basis and will receive robust practice support from our team of Advanced Practice Providers. Compensation and benefits are highly competitive. In addition to having a busy clinical practice from the outset, you will be eligible to receive an academic teaching appointment through the Cooper Medical School at Rowan University. Clinical research opportunities exist and are encouraged through the Department of Surgery. Our team enjoys a healthy work/life balance and we pride ourselves on the scope and quality of Otolaryngology care rendered at Cooper University Hospital.

Our division and Cooper University Hospital are committed to the principles of diversity, equity, and inclusivity.

Interested candidates should send their CV and cover letter to:

Nadir Ahmad, MD, FACS
Division Head, Otolaryngology-Head & Neck Surgery
Cooper University Hospital
Email: ahmad-nadir@Cooperhealth.edu



Emory University's Department of Otolaryngology - Head & Neck Surgery seeks to hire an Assistant/ Associate Professor Otolaryngologist – Atlanta VA. Preference for Skull Base surgeon.

Interested applicants should apply online at Emory University Careers (Requisition 31425) and/or contact:
Kaltun Mire: Kaltun.mire@emory.edu and
Dr. Douglas Mattox: dmattox@emory.edu

The highly motivated team has long been actively involved in academic, research, and professional endeavors at the national and international levels. Opportunities to teach medical students, residents and fellows, and participate in scholarly activities. Duties will include patient care, resident and fellow teaching, and academic and research productivity.

Applicants must be Board Certified or Board Eligible in Otolaryngology.



THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

The Ohio State University Department of Otolaryngology – Head and Neck Surgery BC/BE General Otolaryngologist

The Ohio State Medical Center is expanding its ambulatory clinical sites. As a result, the Department is seeking board certified/board eligible General Otolaryngologists to join the top-ranked Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Currently, our general division consists of two general otolaryngologists and two nurse practitioners. Applicants must demonstrate excellence in patient care, research, teaching, and leadership. Experience/interest in sleep surgery is preferred as we continue to grow as one of the leading sleep surgery sites in the nation. This is an outstanding opportunity to build a diverse practice and work with an exceptional team.

Located in the heart of Ohio, Columbus is the fastest growing city in the Midwest and offers a population of over 1.5 million people. Voted as one of the most livable cities in the USA, Columbus has excellent cultural, sporting, and family activities.

To build a diverse and inclusive workforce, all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status or protected veteran status. The Ohio State University Wexner Medical Center is an Equal Opportunity/Affirmative Action employer.

Send letter of interest and CV to:

James Rocco, MD, PhD, Professor and Chair
The Ohio State University Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212

Contact the Department Administrator via
Email: mark.inman@osumc.edu
Fax: 614-293-7292 or
Phone: 614-293-3470



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

**The Ohio State University
Department of Otolaryngology – Head and Neck Surgery
BC/BE Otolologist/Neurotologist**

The Department is seeking an academically productive Otolologist for a clinician/scientist position in the Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Applicants must be board certified/board eligible, fellowship trained, and demonstrate excellence in research, teaching, patient care, and leadership. NIH funded applicants with current leadership responsibilities are preferred. This is an outstanding opportunity to join one of the top ranked programs in the country.

Located in the heart of Ohio, Columbus is the fastest growing city in the Midwest and offers a population of over 1.5 million people. Voted as one of the most livable cities in the USA, Columbus has excellent cultural, sporting, and family activities.

To build a diverse and inclusive workforce, all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status or protected veteran status. The Ohio State University Wexner Medical Center is an Equal Opportunity/Affirmative Action employer.

Send letter of interest and CV to:
James Rocco, MD, PhD, Professor and Chair
The Ohio State University Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212

Contact the Department Administrator via
Email: mark.inman@osumc.edu
Fax: 614-293-7292 or
Phone: 614-293-3470



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

The Department of Otolaryngology-Head and Neck Surgery at the University of Kansas Medical Center is actively recruiting a full-time board certified/board eligible Comprehensive Otolaryngologist, at the Assistant Professor level, to provide general otolaryngology outpatient and surgical services at the University of Kansas Health System/University of Kansas Medical Center and our contract community outreach sites located in the Greater Kansas City Area including Truman Medical Center and Kansas City Department of Veteran's Affairs. This individual will join a clinically and academically productive division with adult otolaryngology call coverage shared among twenty-two faculty.

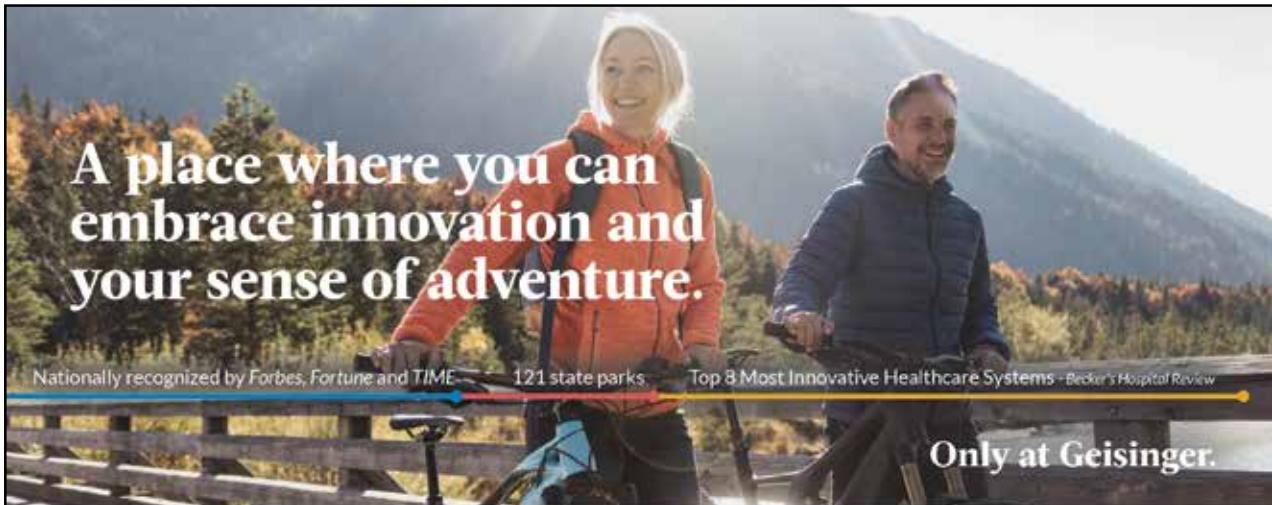
Preference will be given to those individuals who have strong clinical and surgical experience.

The University of Kansas Department of Otolaryngology-Head and Neck Surgery is dedicated to being broadly diverse and inclusive. The University of Kansas Medical Center offers a comprehensive benefits package that includes medical, dental, vision, disability and long-term care, life insurance, retirement plans, and wellness programs.

To apply, interested candidates should email a cover letter and their full curriculum vitae to:

Department of Otolaryngology-Head and Neck Surgery
c/o Otolaryngology Faculty Recruitment Committee
University of Kansas Medical Center
3901 Rainbow Boulevard, MS 3010
Kansas City, Kansas 66160
erichard@kumc.edu

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression, and genetic information in the university's programs and activities. Retaliation is also prohibited by university policy. The following persons have been designated to handle inquiries regarding the nondiscrimination policies and are the Title IX coordinators for their respective campuses: Executive Director of the Office of Institutional Opportunity & Access, IOA@ku.edu, 1246 West Campus Road, Room 153A, Lawrence, KS 66045, 785-864-6414, 711 TTY (for the Lawrence, Edwards, Parsons, Yoder, and Topeka campuses); Director, Equal Opportunity Office, Mail Stop 7004, 3901 Rainbow Blvd., Kansas City, KS 66160, 913-588-8011, 711 TTY (for the Wichita, Salina, and Kansas City, Kansas, medical center campuses).



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Geisinger Department of Otolaryngology

Wilkes-Barre/Scranton and State College, Pennsylvania

For over a century, Geisinger has created easy access to healthcare for our friends and neighbors in Pennsylvania. That spirit of innovation still drives us today with a 20-year clinical data warehouse (Geisinger was one of the earliest implementers of Epic), our groundbreaking population genomics program which links multiple generations of clinical data, and an unwavering commitment to value-based primary and specialty care. You'll have opportunities to better your life and make a difference in the lives of your neighbors – at home and across the country.

We take pride in the support we provide:

- Excellent compensation and benefits package, including recruitment loans, relocation and malpractice with tail coverage
- Opportunities to participate in teaching, research and optimizing access for patients
- Monthly stipend available to residents and fellows upon signature of an offer letter
- Support and leadership from a full range of dedicated, experienced specialists and subspecialists

Join our teams:

- General Otolaryngology
- Otology
- Rhinology
- Facial Plastic Surgery

Fellowship training or experience in health services research is preferred.

As a physician-led system, we offer several convenient locations that are 2.5-4 hours from New York City, Philadelphia and Baltimore. We serve over one million residents in Pennsylvania in a system of nine hospital campuses, a 550,000-member health plan, two research centers and the Geisinger Commonwealth School of Medicine. With approximately 24,000 employees and more than 1,600 employed physicians, Geisinger boosts its hometown economies in Pennsylvania by billions of dollars annually.



Interested candidates, please reach out to **Ken Altman, MD, PhD, Chair, Department of Otolaryngology – Head & Neck Surgery, and Professor – Geisinger Commonwealth School of Medicine, 100 N. Academy Avenue, Danville, PA 17822** at kaltman@geisinger.edu or apply online at jobs.geisinger.org/physicians.



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*Does not qualify for J-1 waiver. AA/EOE: disability/vet.



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